

AMENDED IN SENATE AUGUST 1, 2016

AMENDED IN SENATE JULY 16, 2015

AMENDED IN ASSEMBLY APRIL 21, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1299**

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**Introduced by Assembly Member Ridley-Thomas**

February 27, 2015

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An act to amend Section 14714 of, and to add ~~Article 6 (commencing with Section 14695.1) to Chapter 8.8 of Part 3 of Division 9 of, Section 14717.5 to~~, the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1299, as amended, Ridley-Thomas. Medi-Cal: specialty mental health services: foster children.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that *specialty mental health services and* Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for any individual under 21 years of age ~~is are~~ covered under Medi-Cal, consistent with the requirements of federal law. Federal law defines EPSDT mental health services to include screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan. ~~EPSDT is classified under the Medi-Cal program as a specialty mental health~~

~~service plan. Existing law provides that specialty mental health services include EPSDT services provided to eligible Medi-Cal beneficiaries under 21 years of age.~~

Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for children in foster care who have been placed outside their county of adjudication. Existing law includes standardized contracts, procedures, documents, and forms, to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside his or her county of original jurisdiction.

This bill would declare the intent of the Legislature to ensure that foster children who are placed outside of their county of original jurisdiction, are able to access mental health services in a timely manner consistent with their individualized strengths and needs and the requirements of EPSDT program standards and requirements. The bill would require the department to issue policy guidance that establishes the conditions for and exceptions to presumptive transfer of responsibility for providing or arranging for mental health services to ~~foster youth~~ *a foster child* from the county of original jurisdiction to the county in which the foster child resides, as prescribed. The bill would define presumptive transfer for these purposes. The bill would authorize ~~the person or agency that is responsible for making health care decisions on behalf of the foster child to waive the presumptive transfer if specified conditions occur, including any interested party who owes a legal duty to the child involving the child's health or welfare to seek a waiver of presumptive transfer and would provide that the county probation agency or child welfare services agency with responsibility for the care and placement of the child is responsible for determining whether presumptive transfer is appropriate under specified conditions, including when a determination is made that the transfer of mental health services would disrupt continuity of care or timely access to services, as specified.~~ The bill would require the mental health plan in the host county to assume responsibility for the authorization and provision of mental health services, and payments for services, upon the presumptive transfer. ~~The bill would require the department, no later than July 1, 2016, to amend its contract with each mental health plan to ensure that the mental health plan in the host county is reimbursed for mental health services provided within the fiscal year in which services are provided. By increasing the responsibilities of~~

*county probation agencies or child welfare services agencies with respect to determining whether presumptive transfer is appropriate, the bill would impose as state-mandated local program.*

*This bill would require the department to ~~determine whether it is necessary to seek approval under the state's Section 1915(b) Medicaid waiver from the federal Centers for Medicare and Medicaid Services (CMS) prior to implementing the bill, and if so, to do everything within its power necessary to secure an expeditious approval.~~ seek approval from the United States Department of Health and Human Services, federal Centers for Medicare and Medicaid Services (CMS) prior to implementing these provisions if the department determines that approval is necessary. The bill would authorize the department and the State Department of Social Services to adopt regulations to implement these provisions by July 1, 2019, as specified.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

1     ~~SECTION 1. Article 6 (commencing with Section 14695.1) is~~  
2     ~~added to Chapter 8.8 of Part 3 of Division 9 of the Welfare and~~  
3     ~~Institutions Code, to read:~~  
4  
5     ~~Article 6. Specialty Mental Health Services for Foster Children~~  
6  
7     ~~14695.1. (a) (1) It is the intent of the Legislature to ensure~~  
8     ~~that foster children who are placed outside of their county of~~  
9     ~~original jurisdiction, are able to access mental health services in~~  
10    ~~a timely manner, consistent with their individualized strengths and~~  
11    ~~needs and the requirements of Early Periodic Screening Diagnosis~~  
12    ~~and Treatment (EPSDT) program standards and requirements.~~

~~(2) It is the further intent of the Legislature to overcome the barriers to care that exist under existing law, which place responsibility for providing or arranging for mental health services to foster children who are placed outside of their county of original jurisdiction, on those same counties.~~

~~(b) In order to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside of his or her county of original jurisdiction, the California Health and Human Services Agency shall coordinate with the department and the State Department of Social Services to take all of the following actions:~~

~~(1) On or before July 1, 2016, all of the following shall occur:~~

~~(A) The department shall issue policy guidance, pursuant to Section 14716, that establishes the conditions for and exceptions to, as described in subdivision (d), presumptive transfer of responsibility for providing or arranging for mental health services to foster youth, consistent with the requirements of EPSDT program standards and requirements, from the county of original jurisdiction to the county in which the foster child resides.~~

~~(B) The department shall establish the policy guidance to presumptive transfer and exceptions in consultation with the State Department of Social Services, and with the input of stakeholders that include the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, provider representatives, and family and youth advocates. The conditions and exceptions to presumptive transfer are intended to ensure that the transfer of responsibility improves access to mental health care services and does not impede the continuity of existing care.~~

~~(C) The department shall establish the procedures for implementing presumptive transfer that are consistent with the purposes and intent of this section and Early Periodic Screening Diagnosis and Treatment program standards and requirements, and shall include a procedure for expedited transfer within 48 hours.~~

~~(e) “Presumptive transfer” for the purposes of this section, means that absent any conditions or exceptions as established pursuant to this article, responsibility for providing or arranging for mental health services shall immediately transfer from the county of~~

1 original jurisdiction to the county in which the foster child resides;  
2 under any of the following conditions:

3 (1) A foster child is placed in a county other than the county of  
4 original jurisdiction.

5 (2) A foster child who resides in a county other than the county  
6 of original jurisdiction is not receiving mental health services  
7 consistent with his or her treatment plan and the child's caregiver  
8 who is responsible for making health care decisions on behalf of  
9 the foster child, in consultation with the county probation or county  
10 child welfare services agency with responsibility for the care and  
11 placement of the child, or the Child and Family Team, if one exists,  
12 requests transfer of responsibility under this article.

13 (d) Consistent with the conditions and exceptions to presumptive  
14 transfer established under this article, the person or agency that is  
15 responsible for making health care decisions on behalf of the foster  
16 child, in consultation with the Child and Family Team, if one  
17 exists, may waive the presumptive transfer, in which case the  
18 responsibility for the provision of mental health services shall  
19 remain with the county of original jurisdiction.

20 (1) (A) On a case-by-case basis, the presumptive transfer may  
21 be waived and the responsibility for the provision of mental health  
22 services shall remain with the county of original jurisdiction if any  
23 of the following conditions described in this paragraph occur.  
24 These exceptions to presumptive transfer may include, but are not  
25 limited to, any of the following:

26 (i) It is determined that the transfer of services would disrupt  
27 continuity of care or timely access to services provided to the foster  
28 child, as described in paragraph (2).

29 (ii) It is determined that the transfer of services would interfere  
30 with family reunification efforts.

31 (iii) The foster child's placement in a county other than the  
32 county of original jurisdiction is expected to last less than nine  
33 months.

34 (B) These exceptions shall be documented in the foster child's  
35 case plan pursuant to Section 16501.1.

36 (2) Exceptions to the presumptive transfer shall be contingent  
37 upon the mental health plan in the county of original jurisdiction  
38 demonstrating an existing contract with a foster care provider, or  
39 the ability to enter into a contract within 30 days of the exception

1 decision, and the ability to deliver timely services directly to the  
2 foster child. This shall be documented in the child's case plan.

3 (e) ~~If the mental health plan in the county of original jurisdiction~~  
4 ~~has completed an assessment of needed services for the foster~~  
5 ~~child, the mental health plan in the host county shall accept that~~  
6 ~~assessment. The mental health plan in the host county may conduct~~  
7 ~~additional assessments if the foster child's needs change.~~

8 (f) ~~Upon presumptive transfer, the mental health plan in the host~~  
9 ~~county shall assume responsibility for the authorization and~~  
10 ~~provision of mental health services, and payments for services.~~

11 (g) ~~The department, in consultation with counties and through~~  
12 ~~any administrative means within existing authority, shall amend~~  
13 ~~its contract with each mental health plan no later than July 1, 2016,~~  
14 ~~to ensure that a mental health plan in a host county is reimbursed~~  
15 ~~for services provided pursuant to this article during the fiscal year~~  
16 ~~in which the services are provided.~~

17 ~~14695.2. (a) If the department determines it is necessary, it~~  
18 ~~shall seek approval under the state's Section 1915(b) Medicaid~~  
19 ~~waiver from the United States Department of Health and Human~~  
20 ~~Services, Centers for Medicare and Medicaid Services (CMS) prior~~  
21 ~~to implementing this article.~~

22 (b) ~~If the department makes the determination that it is necessary~~  
23 ~~to seek CMS approval pursuant to subdivision (a), the department~~  
24 ~~shall make an official request for approval from CMS no later than~~  
25 ~~July 1, 2016, and shall do everything within its power necessary~~  
26 ~~to secure an expeditious approval from CMS.~~

27 (c) ~~The department shall not be required to implement any~~  
28 ~~provision of this article that CMS determines is not permitted under~~  
29 ~~the state's waiver.~~

30 ~~SEC. 2.~~

31 *SECTION 1.* Section 14714 of the Welfare and Institutions  
32 Code is amended to read:

33 14714. (a) (1) Except as otherwise specified in this chapter,  
34 a contract entered into pursuant to this chapter shall include a  
35 provision that the mental health plan contractor shall bear the  
36 financial risk for the cost of providing medically necessary  
37 specialty mental health services to Medi-Cal beneficiaries.

38 (2) If the mental health plan is not administered by a county,  
39 the mental health plan shall not transfer the obligation for any  
40 specialty mental health services to Medi-Cal beneficiaries to the

1 county. The mental health plan may purchase services from the  
2 county. The mental health plan shall establish mutually  
3 agreed-upon protocols with the county that clearly establish  
4 conditions under which beneficiaries may obtain non-Medi-Cal  
5 reimbursable services from the county. Additionally, the plan shall  
6 establish mutually agreed-upon protocols with the county for the  
7 conditions of transfer of beneficiaries who have lost Medi-Cal  
8 eligibility to the county for care under Part 2 (commencing with  
9 Section 5600), Part 3 (commencing with Section 5800), and Part  
10 4 (commencing with Section 5850) of Division 5.

11 (3) The mental health plan shall be financially responsible for  
12 ensuring access and a minimum required scope of benefits and  
13 services, consistent with state and federal requirements, to  
14 Medi-Cal beneficiaries who are residents of that county regardless  
15 of where the beneficiary resides, except as provided for in, and  
16 ~~consistent with, Section 14695.1.~~ *in Section 14717.5.* The  
17 department shall require that the same definition of medical  
18 necessity be used, and the minimum scope of benefits offered by  
19 each mental health plan be the same, except to the extent that prior  
20 federal approval is received and is consistent with state and federal  
21 laws.

22 (b) (1) Any contract entered into pursuant to this chapter may  
23 be renewed if the mental health plan continues to meet the  
24 requirements of this chapter, regulations promulgated pursuant  
25 ~~thereto, to this chapter,~~ and the terms and conditions of the  
26 contract. Failure to meet these requirements shall be cause for  
27 nonrenewal of the contract. The department may base the decision  
28 to renew on timely completion of a mutually agreed-upon plan of  
29 correction of any deficiencies, submissions of required information  
30 in a timely manner, or other conditions of the contract.

31 (2) In the event the contract is not renewed based on the reasons  
32 specified in paragraph (1), the department shall notify the  
33 Department of Finance, the fiscal and policy committees of the  
34 Legislature, and the Controller of the amounts to be sequestered  
35 from the Mental Health Subaccount, the Mental Health Equity  
36 Account, and the Vehicle License Fee Collection Account of the  
37 Local Revenue Fund and the Mental Health Account and the  
38 Behavioral Health Subaccount of the Local Revenue Fund 2011,  
39 and the Controller shall sequester those funds in the Behavioral  
40 Health Subaccount pursuant to Section 30027.10 of the

1 Government Code. Upon this sequestration, the department shall  
2 use the funds in accordance with the provisions of Section  
3 30027.10 of the Government Code.

4 (c) (1) The obligations of the mental health plan shall be  
5 changed only by contract or contract amendment.

6 (2) Notwithstanding paragraph (1), the mental health plan shall  
7 comply with federal and state requirements, including the  
8 applicable sections of the state plan and waiver.

9 (3) A change may be made during a contract term or at the time  
10 of contract renewal, when there is a change in obligations required  
11 by federal or state law or when required by a change in the  
12 interpretation or implementation of any law or regulation.

13 (4) To the extent permitted by federal law, either the department  
14 or the mental health plan may request that contract negotiations  
15 be reopened during the course of a contract due to substantial  
16 changes in the cost of covered benefits that result from an  
17 unanticipated event.

18 (d) The department shall immediately terminate a contract when  
19 the director finds that there is an immediate threat to the health  
20 and safety of Medi-Cal beneficiaries. Termination of the contract  
21 for other reasons shall be subject to reasonable notice of the  
22 department's intent to take that action and notification to affected  
23 beneficiaries. The plan may request a hearing by the Office of  
24 Administrative Hearings and Appeals.

25 (e) A mental health plan may terminate its contract in accordance  
26 with the provisions in the contract. The mental health plan shall  
27 provide written notice to the department at least 180 days prior to  
28 the termination or nonrenewal of the contract.

29 (f) Upon the request of the director, the Director of the  
30 Department of Managed Health Care may exempt a mental health  
31 plan from the Knox-Keene Health Care Service Plan Act of 1975  
32 (Chapter 2.2 (commencing with Section 1340) of Division 2 of  
33 the Health and Safety Code). These exemptions may be subject to  
34 conditions the director deems appropriate. Nothing in this chapter  
35 shall be construed to impair or diminish the authority of the  
36 Director of the Department of Managed Health Care under the  
37 Knox-Keene Health Care Service Plan Act of 1975, nor shall  
38 anything in this chapter be construed to reduce or otherwise limit  
39 the obligation of a mental health plan contractor licensed as a  
40 health care service plan to comply with the requirements of the



1 Knox-Keene Health Care Service Plan Act of 1975, and the rules  
2 of the Director of the Department of Managed Health Care  
3 promulgated ~~thereunder~~. *under the Knox-Keene Health Care*  
4 *Service Plan Act of 1975*. The director, in consultation with the  
5 Director of the Department of Managed Health Care, shall analyze  
6 the appropriateness of licensure or application of applicable  
7 standards of the Knox-Keene Health Care Service Plan Act of  
8 1975.

9 (g) The department shall provide oversight to the mental health  
10 plans to ensure quality, access, cost efficiency, and compliance  
11 with data and reporting requirements. At a minimum, the  
12 department shall, through a method independent of any agency of  
13 the mental health plan contractor, monitor the level and quality of  
14 services provided, expenditures pursuant to the contract, and  
15 conformity with federal and state law.

16 (h) County employees implementing or administering a mental  
17 health plan act in a discretionary capacity when they determine  
18 whether or not to admit a person for care or to provide any level  
19 of care pursuant to this chapter.

20 (i) If a county discontinues operations as the mental health plan,  
21 the department shall approve any new mental health plan. The new  
22 mental health plan shall give reasonable consideration to affiliation  
23 with nonprofit community mental health agencies that were under  
24 contract with the county and that meet the mental health plan's  
25 quality and cost efficiency standards.

26 (j) Nothing in this chapter shall be construed to modify, alter,  
27 or increase the obligations of counties as otherwise limited and  
28 defined in Chapter 3 (commencing with Section 5700) of Part 2  
29 of Division 5. The county's maximum obligation for services to  
30 persons not eligible for Medi-Cal shall be no more than the amount  
31 of funds remaining in the mental health subaccount pursuant to  
32 Sections 17600, 17601, 17604, 17605, and 17609 after fulfilling  
33 the Medi-Cal contract obligations.

34 *SEC. 2. Section 14717.5 is added to the Welfare and Institutions*  
35 *Code, to read:*

36 *14717.5. (a) (1) It is the intent of the Legislature to ensure*  
37 *that foster children who are placed outside of their county of*  
38 *original jurisdiction are able to access specialty mental health*  
39 *services in a timely manner, consistent with their individual*

1 *strengths and needs and the requirements of federal Early and*  
2 *Periodic Screening, Diagnosis, and Treatment (EPSDT) services.*

3 *(2) It is the further intent of the Legislature to overcome any*  
4 *barriers to care that may result when responsibility for providing*  
5 *or arranging for specialty mental health services to foster children*  
6 *who are placed outside of their county of original jurisdiction is*  
7 *retained by the county of original jurisdiction.*

8 *(b) In order to facilitate the receipt of medically necessary*  
9 *specialty mental health services by a foster child who is placed*  
10 *outside of his or her county of original jurisdiction, the California*  
11 *Health and Human Services Agency shall coordinate with the*  
12 *department and the State Department of Social Services to take*  
13 *all of the following actions on or before July 1, 2017:*

14 *(1) The department shall issue policy guidance concerning the*  
15 *conditions for and exceptions to presumptive transfer, as described*  
16 *in subdivisions (c) and (d), in consultation with the State*  
17 *Department of Social Services and with the input of stakeholders*  
18 *that include the County Welfare Directors Association of*  
19 *California, the Chief Probation Officers of California, the County*  
20 *Behavioral Health Directors Association of California, provider*  
21 *representatives, and family and youth advocates.*

22 *(2) Policy guidance concerning the conditions for and exceptions*  
23 *to presumptive transfer shall ensure that:*

24 *(A) The transfer of responsibility improves access to specialty*  
25 *mental health care services consistent with the mental health needs*  
26 *of the foster youth.*

27 *(B) Presumptive transfer does not disrupt the continuity of care.*

28 *(C) Conditions and exceptions are applied consistently statewide*  
29 *giving due consideration to the varying capabilities of small,*  
30 *medium, and large counties.*

31 *(D) Presumptive transfer can be waived only with an*  
32 *individualized determination that an exception applies.*

33 *(E) A party to the case who disagrees with the presumptive*  
34 *transfer individualized exception determination made by the county*  
35 *placing agency pursuant to subdivision (d) is afforded an*  
36 *opportunity to request judicial review prior to a transfer or*  
37 *exception being finalized.*

38 *(F) There is a procedure for expedited transfer within 48 hours*  
39 *of placement of the child outside of the county of original*  
40 *jurisdiction.*

1     (c) “Presumptive transfer,” for the purposes of this section,  
2     means that absent any exceptions as established pursuant to this  
3     section, responsibility for providing or arranging for specialty  
4     mental health services shall promptly transfer from the county of  
5     original jurisdiction to the county in which the foster child resides,  
6     under either of the following conditions:

7     (1) A foster child is placed in a county other than the county of  
8     original jurisdiction on or after July 1, 2017.

9     (2) A foster youth who resides in a county other than the county  
10    of original jurisdiction after June 30, 2017, and is not receiving  
11    specialty mental health services consistent with his or her mental  
12    health needs, requests transfer of responsibility. A foster child who  
13    resided in a county other than the county of original jurisdiction  
14    after June 30, 2017, and who continues to reside outside the county  
15    of original jurisdiction after December 31, 2017, shall have  
16    jurisdiction transferred no later than the child’s first regularly  
17    scheduled status review hearing conducted pursuant to Section  
18    366 in the 2018 calendar year unless an exception described under  
19    subdivision (d) applies.

20    (d) (1) On a case-by-case basis, and when consistent with the  
21    medical rights of children in foster care, presumptive transfer may  
22    be waived and the responsibility for the provision of specialty  
23    mental health services shall remain with the county of original  
24    jurisdiction if any of the exceptions described in paragraph (5)  
25    exist.

26    (2) A request for waiver in a manner established by the  
27    department may be made by the foster child, the person or agency  
28    that is responsible for making mental health care decisions on  
29    behalf of the foster child, the county probation agency or the child  
30    welfare services agency with responsibility for the care and  
31    placement of the child, or any other interested party who owes a  
32    legal duty to the child involving the child’s health or welfare, as  
33    defined by the department.

34    (3) The county probation agency or the child welfare services  
35    agency with responsibility for the care and placement of the child,  
36    in consultation with the child and his or her parent, the child and  
37    family team if one exists, and other professionals who serve the  
38    child as appropriate, is responsible for determining whether waiver  
39    of the presumptive transfer is appropriate pursuant to the  
40    conditions and exceptions established under this section. The

1 person who requested the exception, along with any other parties  
2 to the case, shall receive notice of the county agency's  
3 determination.

4 (4) The individual who requested the exception or any other  
5 party to the case who disagrees with the determination made by  
6 the county agency pursuant to paragraph (3) may request judicial  
7 review prior to the county's determination becoming final. The  
8 court may set the matter for hearing and may confirm or deny the  
9 transfer of jurisdiction or application of an exception based on  
10 the best interest of the child.

11 (5) Presumptive transfer may be waived under any of the  
12 following exceptions:

13 (A) It is determined that the transfer would disrupt continuity  
14 of care or delay access to services provided to the foster child.

15 (B) It is determined that the transfer would interfere with family  
16 reunification efforts documented in the individual case plan.

17 (C) The foster child's placement in a county other than the  
18 county of original jurisdiction is expected to last less than six  
19 months.

20 (D) The foster child's residence is within 30 minutes of travel  
21 time to his or her established specialty mental health care provider  
22 in the county of original jurisdiction.

23 (6) A waiver processed based on an exception to presumptive  
24 transfer shall be contingent upon the mental health plan in the  
25 county of original jurisdiction demonstrating an existing contract  
26 with a specialty mental health care provider, or the ability to enter  
27 into a contract within 30 days of the waiver decision, and the  
28 ability to deliver timely specialty mental health services directly  
29 to the foster child. That information shall be documented in the  
30 child's case plan.

31 (7) A request for waiver, the exceptions claimed as the basis  
32 for the request, a determination whether a waiver is determined  
33 to be appropriate under this section, and any objections to the  
34 determination shall be documented in the foster child's case plan  
35 pursuant to Section 16501.1.

36 (e) If the mental health plan in the county of original jurisdiction  
37 has completed an assessment of needed services for the foster  
38 child, the mental health plan in the county in which the foster child  
39 resides shall accept that assessment. The mental health plan in  
40 the county in which the foster child resides may conduct additional

1 *assessments if the foster child's needs change or an updated*  
2 *assessment is needed to determine the child's needs and identify*  
3 *the needed treatment and services to address those needs.*

4 *(f) Upon presumptive transfer, the mental health plan in the*  
5 *county in which the foster child resides shall assume responsibility*  
6 *for the authorization and provision of specialty mental health*  
7 *services and payments for services. The foster child transferred*  
8 *to the mental health plan in the county in which the foster child*  
9 *resides shall be considered part of the county of residence caseload*  
10 *for claiming purposes from the Behavioral Health Subaccount and*  
11 *the Behavioral Health Services Growth Special Account, both*  
12 *created pursuant to Section 30025 of the Government Code.*

13 *(g) The State Department of Social Services and the State*  
14 *Department of Health Care Services shall adopt regulations by*  
15 *July 1, 2019, to implement this section. Notwithstanding the*  
16 *rulemaking provisions of the Administrative Procedure Act*  
17 *(Chapter 3.5 (commencing with Section 11340) of Part 1 of*  
18 *Division 3 of Title 2 of the Government Code), the State*  
19 *Department of Social Services and the State Department of Health*  
20 *Care Services may implement and administer the changes made*  
21 *by this legislation through all-county letters, information notices,*  
22 *or similar written instructions until regulations are adopted.*

23 *(h) If the department determines it is necessary, it shall seek*  
24 *approval from the United States Department of Health and Human*  
25 *Services, federal Centers for Medicare and Medicaid Services*  
26 *(CMS) prior to implementing this section.*

27 *(i) If the department makes the determination that it is necessary*  
28 *to seek CMS approval pursuant to subdivision (h), the department*  
29 *shall make an official request for approval from CMS no later*  
30 *than January 1, 2017.*

31 *(j) This section shall be implemented only if and to the extent*  
32 *that federal financial participation under Title XIX of the federal*  
33 *Social Security Act (42 U.S.C. Sec. 1396, et seq.) is available and*  
34 *all necessary federal approvals have been obtained.*

35 *SEC. 3. If the Commission on State Mandates determines that*  
36 *this act contains costs mandated by the state, reimbursement to*  
37 *local agencies and school districts for those costs shall be made*

- 1 *pursuant to Part 7 (commencing with Section 17500) of Division*
- 2 *4 of Title 2 of the Government Code.*

O